

PERSONAL PROPERTY PETITION FOR REVIEW OF VALUATION

PURSUANT TO ARS 42-241.01, 42-245, 42-604

FILED FOR TAX YEAR _____ in _____ COUNTY

- All **THREE** copies must be mailed or hand delivered to the County Assessor. See instructions for filing requirements and appeal procedures.
- Persons receiving a Notice of Value have **THIRTY (30)** days from the date the notice was mailed to file the petition. United States Postal Service postmark dates are evidence of the date petitions were filed and decisions were mailed.
- The County Assessor may reject any petition not meeting statutory requirements. Only one appeal for each Notice of Value will be accepted.
- **IMPORTANT: PETITIONER MUST COMPLETE SECTIONS 1 THRU 10 WHERE APPLICABLE. OTHER AREAS ARE FOR OFFICIAL USE ONLY.**

1. DATE FILED _____ / _____ / _____ TAX ROLL / ACCOUNT NO. _____
2. TYPE OF PROPERTY: ☐ COMMERCIAL / INDUSTRIAL ☐ AGRICULTURAL ☐ APARTMENT EQUIPMENT AND FURNISHINGS
☐ MOBILE HOME ☐ OTHER (specify) _____
3. INTEREST IN PROPERTY: ☐ OWNER ☐ OTHER (specify) _____ Agents must include an Agency Authorization form.
4. BUSINESS ADDRESSOR LEGAL DESCRIPTION: _____

5A. TYPE OR PRINT OWNERS NAME AS SHOWN ON THE NOTICE OF VALUE.
NAME
ADDRESS
CITY, STATE, ZIP

5B. PROVIDE CORRECT INFORMATION IF DIFFERENT FROM ITEM 5A.
NAME
ADDRESS
CITY, STATE, ZIP

6A. MAIL DECISION TO: (PRINT OR TYPE)
NAME
ADDRESS
CITY, STATE, ZIP

6B. IF PETITION IS FILED BY OTHER THAN OWNER, SPECIFY:
NAME / COMPANY
ADDRESS
CITY, STATE, ZIP

7. **BASIS FOR THIS PETITION:** Owner's evidence supporting this petition must be identified and attached to the petition in order to be considered by the County Assessor. Attach additional sheets if necessary. NOTE: Evidence contained in this appeal could be the basis for either an increase or decrease in the valuation.

8.	OWNER'S OPINION OF VALUE	FULL CASH VALUE \$	LIMITED PROPERTY VALUE \$	LEGAL CLASS	ASSMT RATIO
9.	VALUE SHOWN ON NOTICE OF VALUE	FULL CASH VALUE \$	LIMITED PROPERTY VALUE \$	LEGAL CLASS	ASSMT RATIO

10. I HEREBY AFFIRM THAT THE INFORMATION INCLUDED OR ATTACHED IS TRUE AND CORRECT.

X

SIGNATURE OF OWNER OR AGENT

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TELEPHONE

AGENTS ONLY: State Board of Appraisal Registration # _____ State Board of Equalization # _____

ASSESSOR'S DECISION	FULL CASH VALUE \$	LIMITED PROPERTY VALUE \$	LEGAL CLASS	ASSMT RATIO
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BASIS FOR DECISION:

DATE RECEIVED COUNTY BOARD OF EQUALIZATION DECISION	DATE DECISION MAILED FULL CASH VALUE \$	REVIEWED BY: LIMITED PROPERTY VALUE \$	ASSESSOR OR CHIEF LEGAL CLASS	ASSMT RATIO
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BASIS FOR DECISION:

DATE RECEIVED _____ DATE DECISION MAILED _____ CHAIRMAN OR CLERK OF THE BOARD

SUBMIT THREE COPIES